

Dodge City Community College
Financial Aid Office
2501 N. 14th Avenue
Dodge City, KS 67801

620-227-9277 Fax
620-227-9336 Office

VERIFICATION OF INDEPENDENT STATUS

Student Name: _____ Student ID #: _____
Address: _____ Phone #: _____

You indicated on the FAFSA that you have a dependent(s) other than a spouse. A dependent is a person for whom you have and will provide more than half of the total support between 7/1/2018 and 6/30/2019. This office must verify that you provide more than half of the support for you and your dependent(s). If you have more than one dependent, please provide information for each. Follow the directions and submit all required documentation. Please provide all documentation requested on this worksheet when you submit this form. **Please print information.** If you need additional space please attach a separate sheet of paper.

Please list:

Dependent Name	Relationship to you	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Answer the questions below for each dependent listed above.

1. Who claimed you, the student, as an exemption on the 2016 Federal Tax Return?
2. Who claimed your dependent(s) as an exemption on the 2016 Federal Tax Return?

Note for question 1 and 2: If you or your dependent(s) were claimed by someone, other than yourself, on a 2016 Federal Tax Return, you will need to provide a written statement from that person stating they will not claim you or your dependent on their 2017 Federal Tax Return.

3. Whom do you, the student, currently live with?
4. Whom do your dependent(s) currently live with?
5. Who will provide more than half of your dependent(s) support between 7/1/2018 and 6/30/2019? (Please remember that you must be able to show you provide enough support for yourself and your dependent.)
6. Complete the income and expenses worksheet on the backside of this form.

STATEMENT OF INCOME AND EXPENSES

Student Name: _____ Student ID #: _____

AVERAGE MONTHLY INCOME/RESOURCES
July 1, 2018 through June 30, 2019

Employment	\$ _____
Social Security	\$ _____
TANF	\$ _____
Food Stamps	\$ _____
Veteran's Benefits	\$ _____
Child Support	\$ _____
Federal Financial Aid	\$ _____
Other (specify each type)	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
TOTAL (PER MONTH)	\$ _____

AVERAGE MONTHLY EXPENSES
July 1, 2018 through June 30, 2019

Housing	\$ _____
Food	\$ _____
Car/Transportation	\$ _____
Telephone	\$ _____
Utilities (gas, elec., etc.)	\$ _____
Insurance (auto, health)	\$ _____
Clothing	\$ _____
Child Day Care Cost	\$ _____
Gasoline	\$ _____
Personal	\$ _____
Tuition, Fees & books	\$ _____
Other (specify)	\$ _____
	\$ _____
TOTAL (PER MONTH)	\$ _____

5. Did you enter zero or leave any blanks in the expense column? ____ Yes ____ No
If yes, please explain on an additional sheet why you incurred no expense for each item.

6. Did your average monthly expense exceed your average monthly income? ____ Yes ____ No
If yes, please explain on an additional sheet.

FAILURE TO PROVIDE EXPLANATIONS WILL DELAY PROCESSING OF FINANCIAL AID. IF THE OFFICE OF FINANCIAL AID DETERMINES THAT THE INFORMATION AND DOCUMENTATION PROVIDED BY YOU DO NOT JUSTIFY YOUR APPEAL, THE DECISION IS FINAL AND CANNOT BE APPEALED TO THE U.S. DEPARTMENT OF EDUCATION.

I certify that all of the information provided on this form and all attached supporting documentation is true and complete to the best of my knowledge. I agree to provide additional documentation if required.

Student Signature

Date